

# 2003

# JCAHO

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Clinical Center JCAHO Work Group

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### Patient Rights and Confidentiality

Our patients are critical partners in the conduct of clinical research at the Clinical Center. Every member of the healthcare team has the responsibility for assuring patient rights are being upheld, and that patients receive all the information needed for decisions about their care and participation in clinical research. Providers must also consider that care should be given in a manner that is consistent with patient's beliefs, culture, customs and respect of basic human dignity.

To assist with patients understanding they are provided with a copy of the *Patient Bill of Rights* adapted from the American Hospital Association. You may access this document via the CC web site @ [www.cc.nih.gov/cc/aboutcc/partners/billrights.html](http://www.cc.nih.gov/cc/aboutcc/partners/billrights.html) This information is also provided to patients in the patient handbook given to patients upon admission to the Clinical Center. There is also a patient representative, Laura Cearnal, (301-496-2626) who can assist patients as needed with this information.

### Respect your patient's privacy!

As healthcare providers we are responsible for assuring that our patients' right to privacy is maintained. Be mindful of where and to whom, patient specific information is discussed. Do not leave sensitive information (e.g. medical records, laboratory data, radiological exams) in open unattended areas. Also, be aware that there are special containers for confidential waste and ensure their use for papers that contain patient information and identifiers.



The Clinical Center Confidentiality Education Group is an interdisciplinary collaboration that strives to maintain and improve Clinical Center awareness of patient confidentiality. Check out their website at [www.cc.nih.gov/cc/ceg](http://www.cc.nih.gov/cc/ceg) . This is an excellent site for staff to review.



### Some key concepts representing Confidentiality are

- ❖ Use an appropriate fax cover sheet when sending patient information
- ❖ Never allow others to use your MIS code
- ❖ Ensure that you have signed off the computer when finished working
- ❖ Post clinic schedules out of view of the public
- ❖ Return all medical information to secure areas
- ❖ Use appropriate shred boxes for patient identifiable information
- ❖ Never discuss patient information in a public place
- ❖ If someone unfamiliar is in the nurses station, inquire as to their purpose.

## Advance Directives

Here are a few commonly asked questions about advance directives.



### What is an Advance Directive?

Answer: A document allowing a person to give direction about future medical care or to designate another person to make medical decisions if the individual loses decision making capacity. An advance directive may include living wills, durable power of attorney, do not resuscitate orders, right to die or similar documents expressing an individual's preferences.

### Do you ask all patients if they have an Advance Directives?

Answer: All adult inpatients, outpatients, and day hospital patients should be asked about their AD status during each nursing admission. Outpatients who do not receive a nursing admission assessment will be asked about their AD status by a member of the research team when indicated.

### What if the patient does not have an Advance Directive?

Answer: The admitting RN asks all patients if they would like to fill out an AD. The patient may initiate an NIH AD by completing form NIH-200. The NIH form, has a separate section for stating research preferences. Please note, we accept ADs that people bring from any state. Advance Directives are filed in the patient's chart under the AD tab. The patient should have a copy of the AD. The nurse is responsible to notify the physician in charge of the patient's care, about the presence of an AD on the chart.

### Can you use or change the AD from the previous admission?

Answer: Yes

1. If the patient agrees that the existing AD is still in effect, the patient should initial and date the existing AD
2. If a patient does not want the existing AD to remain in effect, the Clinical Center Staff will assist the patient in indicating and dating this change on the NIH Advance Directive Continuation page and filing this in the Medical Record.

### What if the patient forgets to bring their AD?

Answer: The Nurse will assist the patient in retrieving their AD. In the meantime, the patient should be encouraged to fill out, at least, the Durable Power of Attorney section of the NIH AD form. The nurse ensures follow up if the patient or the patient's family state they will arrange to have a copy of the patient's AD brought to NIH.

### If the patient does not have an Advance Directive and would like more information?

Answer: Information can be obtained: 1) from the advance directive resource person trained to provide information about and assistance with the execution of an advance directive; 2) by calling (301-496-2429) or sending a mis-o-gram to the Department of Clinical Bioethics requesting Advance Directive counseling, paging them through the page operator or paging them directly at 301-285-2255 and/or 3) from the Advance Directive Brochure.

It is the nurse that is responsible for follow up, and determines if there are any outstanding issues or questions.

### Oral Advance Directive

If the patient does not have a written AD and refuses to complete one, but makes a statement to their medically responsible physician designating their decision maker, or their preferences, this statement must be witnessed by a third party. This information is then recorded in the record by the physician on the Continuation sheet of the NIH AD form 200-1 and titled "Oral Advance Directive Statement". This document is co-signed by the witness and file din the AD section of the medical record.

### What Documentation is required?

Answer: The entire process is documented in the MIS via the Admit Assessment and Health Maintenance pathways (the advance directive screens under the admit assessment). The initial encounter as well as all follow-ups are documented thru this pathway and filed under the AD tab in the patient's current chart.